

COMMUNITY NEEDS ASSESSMENT

Community Diagnosis Process

The Dyer County Health Council was established on March 26, 1998, by the Community Development Staff of the West Tennessee Regional Health Office in Union City, Tennessee.

An initiating group meeting was held on December 12, 1997. During this meeting community leaders were educated on the community diagnosis process, the role of the health council, and the role of the Department of Health. The majority of the Dyer County Health Council members were appointed at this initial meeting. Other members were selected as the assessment process proceeded.

The council began the assessment by collecting primary data through the distribution of a community survey to the residents of Dyer County. This instrument asked respondents about personal health, basic demographic information and their opinions on particular health issues. A total of 146 surveys were completed and returned for tabulation.

Although the community survey was completed, the council felt it was important to gather additional information from the medical professionals located in the county. The council distributed a medical provider survey, which asked questions they felt were important concerning current services/diagnosis/treatments that were most frequently provided to the citizens of Dyer County.

The Behavioral Risk Factor Survey was also collected in the community in order to gather even more resident data. This survey was a random telephone survey conducted by the University of Tennessee. It provided information on the respondents health behaviors and their perception on community health problems.

Once the primary data was collected and the results tabulated, the council began to evaluate the results and compile a list of the most prominently perceived health problems identified through the collection of surveys.

Using this list, the council began to evaluate secondary data on each perceived health problem, to determine if the problem indeed existed, and to investigate the severity of the problem. The Tennessee Department of Health collects demographic and socioeconomic information, mortality (death) data, morbidity (disease prevalence) data, comparisons of county data to national and state year 2000 objectives, and an extensive set of birth data. In addition, data was obtained through local agencies, the World Wide Web and the National Center for Health Statistics. Data was presented to the council in the form of rates, percentages and ratios of the most current reportable health indicators for the county.

Following the review of secondary data the list of perceived problems was prioritized to ensure that each health issue was addressed and examined with the same objectivity. The scores of this process were tabulated and the health priorities were identified. The council chose addresses these health priorities through sub-committees, which will formulate community intervention strategies.

Steps of The Process

- 1. Organize a health council***
- 2. Collect and analyze primary data***
- 3. Analyze Secondary data***
- 4. Prioritize the issues***
- 5. Develop interventions***